NIA Training Program
Magellan Today and Building for the Future

Medical Specialty Solutions
NIA
- Advanced Diagnostic imaging
- Cardiac imaging and interventional procedures
- Radiation Oncology
- Pain Management

Behavioral Health Solutions
Magellan BH
- Behavioral health
- Substance use
- Integrated medical & behavioral care
- EAP and health and wellness
- Psychotropic drug management

Pharmacy Solutions
TDS
- Total drug management
- Medical pharmacy
- Specialty pharmacy
- Pharmacy benefits

Multiple Solutions One Magellan
As the nation’s leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes, and optimize cost of care.
NIA Highlights

NIA Facts
- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Avon, CT with 500 National NIA Employees
- Business supported by two National Call Operational Centers

Industry Presence
- 54 Health Plan Clients serving 17M National Lives
  - 10M Commercial; 1M Medicare; 6M Medicaid
  - 26 states

Clinical Leadership
- Strong panel of internal Clinical leaders – client consultation; clinical framework
  Supplemented by broad panel of external clinical experts as consultants (for guidelines)

Product Portfolio
- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Emergency Department
- Pain Management
- Spine Surgery
- Sleep Management
- Provider Profiling & Practice Management Analysis

URAC & NCQA Accreditations
NIA Program Agenda

Introduction to the Training

Our Program
1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

RadMD Demo

Questions and Answers
## NIA’s Prior Authorization Program

### Effective: November 1, 2013

<table>
<thead>
<tr>
<th>Procedures Requiring Prior Authorization</th>
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<tbody>
<tr>
<td>• MRI/MRA</td>
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<tr>
<td>• CT/CTA</td>
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<td>• PET</td>
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<td>• CCTA</td>
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<td>• Only non-emergent procedures performed in an outpatient setting require authorization with NIA</td>
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<table>
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<tr>
<th>Excluded from Program: Procedures Performed in the Following Settings:</th>
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<tbody>
<tr>
<td>• Hospital Inpatient</td>
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<td>• Observation</td>
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<tr>
<td>• Emergency Room</td>
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List of CPT Procedure Codes Requiring Prior Authorization

Review Claims/Utilization Matrix to determine CPT codes managed by NIA
CPT Codes and their Allowable Billable Groupings
Claims Matrix located on RadMD
Defer to Health Plan Policies for Procedures not on Claims Matrix
Responsibility for Authorization

Ordering Provider

Responsible for obtaining prior authorization

Rendering Provider

Ensuring that prior authorization has been obtained prior to providing service

Recommendation to Rendering Providers:
Do not schedule test until authorization is received
Prior Authorization Process Overview

Ordering Physician

Telephone NIA’s Call Center and Online through RadMD
www.Radmd.com

Algorithm

Service Authorized

Rendering Provider Performs Service

Claim
Patient and Clinical Information Required for Authorization

**GENERAL**
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

**CLINICAL INFORMATION**
- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

• Approval is contingent on receipt of the following information (in most cases):
  - Office progress notes
  - X-ray reports
  - Previous CT/MRI reports
  - Specialist reports/evaluation
  - Ultrasound Reports

• Refer to the Prior Authorization Checklists on RadMD for more specific information
Clinical Specialty Team Review
Document Submission and Review
Algorithms and guidelines are reviewed and mutually approved by California Health and Wellness and NIA Chief Medical Officers
Clinical Guidelines available on www.RadMD.com
NIA reviews more than 300,000 advanced imaging provider requests each month
Clinical Specialty Team Review

<table>
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<tr>
<th>Clinical Specialization Teams (Nurses)</th>
<th>Overseen by a Physician Advisor</th>
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<tbody>
<tr>
<td>Cardiac Team</td>
<td>Orthopedic Team</td>
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<tr>
<td>Neurology Team</td>
<td>Abdomen/Pelvis Team (includes OB-US)</td>
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<tr>
<td>Radiation Oncology Team</td>
<td>General Studies Team</td>
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<td>Sleep Management Team</td>
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Physician Review Team

Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements

Specialty Physician panels for peer reviews on specialty products (cardiac, OB ultrasound, radiation oncology, pain management, sleep management)
Document Review

NIA may request patient’s medical records/additional clinical information

When requested, validation of clinical criteria within the patient’s medical records is required before an approval can be made

Ensures that clinical criteria that supports the requested test are clearly documented in medical records

Helps ensures that patients receive the most appropriate, effective care
A fax is sent to the provider detailing what clinical information that is needed. We stress the need to provide the clinical information as quickly as possible so we can make a determination. Determination timeframe begins after receipt of clinical information. Failure to receive requested clinical information may result in non-certification. Use the fax coversheet when providing clinical information to NIA. Use tracking number to check the status of the case anytime via RadMD or Interactive Voice Response System (IVR).
Submitting Clinical Information/Medical Records to NIA

Two ways to submit clinical information to NIA

- Via Fax
- Via RadMD Upload

Coversheets are sent with all requests for clinical information

Coversheets can also be printed from RadMD or requested via the Call Center

Be sure to use the NIA Coversheet for all transmissions of clinical information including uploads through RadMD!
Prior Authorization Process

1. **Intake level**
   - Requests are evaluated using our clinical algorithm
   - Requests may:
     1. Approve
     2. Require additional clinical review
     3. Pend for clinical validation of medical record

2. **Initial Clinical Review**
   - Nurses will review request and may:
     1. Approve
     2. Send to physician for additional clinical review

3. **Physician Clinical Review**
   - Physicians may:
     1. Approve
     2. Ordering Physician Withdrawal
     3. Deny
### Notification of Determination

#### Authorization Validity Period

- **Validity Period**
  - Please Note...Effective February 1, 2015 the authorization validity period is changing from 30 days to 90 days
  - Authorizations are valid for 90 days from date of request.

#### Approval Notification

#### Denial Notification

- **Appeal Instructions**
  - In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
Program Components

Provider Network
Provider Assessment Program
Facility Site Selection
Claims and Appeals
Radiation Safety
Advanced Imaging Provider Network:

- California Health and Wellness will use California Health and Wellness Plan network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it’s preferred providers for delivering outpatient MR, CT and PET services to California Health and Wellness Plan members throughout California.
Provider Assessment Program

A process used by NIA to assess the diagnostic imaging capabilities of the providers within the network. It includes an assessment of the appropriateness of the contracted services rendered at each practice location (called privileging).

Privileging components include:
Accreditation
Equipment Standards
Physician and Technologist Education, Training, and Certification
Facility Management
Privileging Process

• Smart application collapses unnecessary branching logic and alerts providers to anomalies in their data

• Scope of Service (SOS) levels include CPT codes the provider is allowed to perform on the basis of privileging outcome

• Privileging outcomes can be used in conjunction with Facility Site Selection to deliver superior value
Privileging Program

Specifics

Overview

Modalities privileged by NIA include
- CT / CTA / CCTA
- MRI / MRA
- PET

Providers privileged include freestanding and in-office providers (we don’t privilege hospitals or providers billing for interpretation)
- Providers who complete an application and comply with Privileging Guidelines are selectable for prior-authorization

NOTE: Providers may be privileged for some modalities, but not privileged for other modalities

Application Submission Process

- Application available on RadMD
- Each practice location must complete a separate application
- Information gathered is shared with health plan – health plan makes the final decision
- Results are communicated to the provider by NIA
Overview of Facility Site Selection

An integrated approach to helping providers and consumers select high quality, convenient, and cost effective facilities for advanced imaging services.

NOTE: Primary consideration is always the clinical aspect of the member when making facility recommendations

GOALS:
Educate the member and the ordering provider on imaging facility choices and potential cost implications
Enhance the patient experience by helping them select a facility that is convenient and by offering to help schedule in-network services
Some requests for service are exempt from Facility Site Selection based on the clinical needs of the member
During prior authorization, we help the ordering provider select a facility based on:

- Member’s clinical need
- Facilities meeting NIA’s quality requirements
- Location
- Convenience services important to member
- Prior authorization for a high cost facility will be confirmed with the member if there is no clinical justification

All facilities meeting NIA’s approved facility requirements for the indicated service. Facilities also meet the member’s clinical requirements.

Facilities located in or close to required zip code. Preference given to more cost effective facilities.

Facilities with requested convenience items.

Facility Selected
### How Claims Should beSubmitted

- Rendering providers/Imaging providers should continue to send their claims directly to **California Health and Wellness**.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the California Health and Wellness website at [http://www.cahealthwellness.com](http://www.cahealthwellness.com)

### Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through **California Health and Wellness**.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

**NOTE:** Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.
Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv
U.S. population exposed to nearly six times more radiation from medical devices than in 1980
CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

NIA has developed Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns
NIA’s Radiation Safety Tools

Radiation Awareness Education
Promote Provider and Member Awareness and Education

Radiation Calculator
- [www.radiationcalculator.com](http://www.radiationcalculator.com)
  - Over 8,000 visits to the website from 89 countries
- Apple, Android and Facebook App available
  - Average rating: 4 out of 5 stars
Provider Tools

Provider Tools that Make it Easy for Providers to Partner with NIA

- **Toll free authorization and information number** – 1-877-658-0305 Available 5am-5pm PST
  - Interactive Voice Response (IVR) System
  - Fax additional clinical information to 1-800-784-6864

- **RadMD Website** – Available 24/7 (except during maintenance)
  - Different functionality for ordering and rendering providers
  - Request authorization and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents
Ordering Provider:
Getting Started on RadMD.com

Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

STEPS:
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders radiology exams”
3. You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.
4. Fill out the application and click the “Submit” button.
5. On subsequent visits to the site, click the “Sign In” button to proceed.
Rendering Provider: Getting Started on RadMD.com

**IMPORTANT**
- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- One “Administrator” within the facility manages the access for the entire facility.

**STEPS:**
1. Designate an “Administrator” for the facility.
2. Click the “New User” button on the right side of the home page.
3. Select “Imaging Facility or Hospital that performs radiology exams”
4. You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.
5. Fill out the application and click the “Submit” button.
6. On subsequent visits to the site, click the “Sign In” button to proceed.
NIA Dedicated Provider Relations Manager:
Name: Kevin Apgar
Phone: 916-859-5080
Email: Kwapgar@Magellanhealth.com
RadMD Demo
Thanks